



SIGNATURE CARD

BRANCH COPY

NIT Branch/Distributor: _____

NOTE: Please fill with BLACK ink and mark "VOID" unused signature spaces(s). All fields are mandatory.

D D M M Y Y
[][] [][] [][] [][]

A/c No.: _____ A/c. Opening Date: _____

Title of Account: _____

Fund Name: _____

SPECIMEN SIGNATURES (As per NIT record): Account Type: Individual Corporate

Principal Holder / Signatory No. 1	1 st Joint Holder / Signatory No. 2
Name:	Name:
CNIC No.:	CNIC No.:
CNIC Expiry Date:	CNIC Expiry Date:
2 nd Joint Holder / Signatory No. 3	3 rd Joint Holder / Signatory No. 4
Name:	Name:
CNIC No.:	CNIC No.:
CNIC Expiry Date:	CNIC Expiry Date:

Account Operating Instructions: 1. Principal 2. Jointly (any two) 3. Jointly (All) 4. Any One

FOR OFFICIAL USE ONLY

Checked & verified by: _____

Signature of Authorized Official

Branch Stamp

Signature of Branch Manager



SIGNATURE CARD

UHRS COPY

NIT Branch/Distributor: _____

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